

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-037948**

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9197**

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED SEP 19 1963**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3225 LIBERTY</b>		d. STREET ADDRESS (If outside, give location) <b>3225 LIBERTY</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>PYTLINSKI</b> Last		4. DATE OF DEATH Month <b>9</b> Day <b>12</b> Year <b>63</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 2 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>GERMANY</b>
13a. FATHER'S NAME <b>MICHAEL WALMANN</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN PYTLINSKI</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>ANNA SEELER 3441 PARK</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bilateral Ureteral Obstruction</b> DUE TO (c) <b>Carcinoma of Bladder</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b> <b>2 wks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Atherosclerotic Heart Dvs</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>1810</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>6/23/63</b> to <b>9/12/63</b> and last saw her/him alive on <b>9/12/63</b> Death occurred at <b>7:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <b>4205 Keweenaw</b>	
22c. DATE SIGNED <b>Sept 12 1963</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9/14/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS. PETER &amp; PAUL</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS, Mo.</b>
24. FUNERAL DIRECTOR <b>E.J. SCHNUR 3125 LAFAYETTE</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 13 1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley F. Dixon*

Licensed Embalmer No. 4193

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.